

Case Number:	CM15-0008453		
Date Assigned:	01/26/2015	Date of Injury:	12/29/2000
Decision Date:	04/10/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 70 year old male with an industrial injury dated 12/29/2000. The mechanism of injury is documented as occurring when he was getting out of his truck and a concrete brick fell striking his head. The mechanism of injury is per UR as it was not documented in the submitted records. He presented on 12/16/2014 for follow up. The provider notes the injured worker continues to have some difficulty organizing his thoughts. Strength, sensation and reflexes in the upper and lower extremities were normal. Diagnoses included closed head injury with concussion, post-concussion syndrome with cognitive impairment and mood impairment as well as sleep disturbance, headaches, episodic dizziness, anxiety and depression, sprain/strain of the lumbar spine, status post lumbar spinal surgery, chronic pain syndrome with epidural injections and trigger point injections and chronic treatment for mantle cell lymphoma, currently in remission. Prior treatments include lumbar spine surgery, epidural injections, trigger point injections and medications. On 12/26/2014 Utilization review non-certified the request for Percocet 10/325 mg one tablet four times daily # 120 with no refills to Percocet 10/325 mg # 90 with no refills. Guidelines cited were MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.